

UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH CAROLINA



APPLICATION FOR ADMISSION TO PRACTICE

Please print or type

NAME: _____
(TO APPEAR ON CERTIFICATE OF ADMISSION TO PRACTICE)

NAME: _____
(MAILING LIST)

BUSINESS ADDRESS (INCLUDE FIRM NAME): _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE TELEPHONE: (____) _____ DATE OF BIRTH: _____

DATE ADMITTED TO SC BAR: _____ SC BAR No. _____

Have you ever been censured, suspended, disbarred, or otherwise disciplined by any court, department, bureau, or commission of any state or of the United States? ☐ Yes* ☐ No

Have you ever been, or are you now, the subject of an investigation of your professional conduct? ☐ Yes* ☐ No

Have you ever been transferred to inactive status, voluntarily withdrawn, or resigned from the bar of any court? ☐ Yes* ☐ No

Have you ever been denied admission to the bar of any court (not including a denial resulting from the failure to pass a bar examination)? ☐ Yes* ☐ No

Have you ever been held in contempt of court? ☐ Yes* ☐ No

* If the answer to ANY of the questions above is "yes," please describe in detail by separate attachment.

CERTIFICATION OF APPLICANT

I certify that:

1. All of the information herein is complete and true to my own knowledge.
2. I am a member in good standing of the South Carolina Bar.
3. I have studied the Federal Rules of Civil and Criminal Procedure, the Federal Rules of Evidence, the South Carolina Code of Professional Responsibility (Rule 407 of the South Carolina Appellate Court Rules), and the Local Rules of this Court.
4. I have completed the required trial experiences listed in Rule 403(b) of the South Carolina Appellate Court Rules or I have attached the required form listing my equivalent courtroom experience by judicial clerkship.

Signature of Applicant: _____ **Date:** _____

(The filing fee for your application is \$100)

OATH OF ADMISSION

I, _____, do solemnly swear (or affirm) that as an attorney and as a counselor of the Court, I will conduct myself uprightly and according to law and that I will support the Constitution of the United States. So help me God.

Signature of Applicant: _____ **Date:** _____

SUBSCRIBED AND SWORN TO BEFORE ME
this _____ day of _____, 20____.

Notary Public for South Carolina
My commission expires: _____

NAME OF APPLICANT: _____

CERTIFICATION OF SPONSORS

We, _____, U.S. District Court Attorney ID No. _____,
and _____, U.S. District Court Attorney ID No. _____,

being members in good standing of the Bar of the U.S. District Court for the District of South Carolina, hereby certify that to the best of our knowledge, information, and belief the applicant is of good moral character and professional reputation and meets the requirements for admission to this Court.

Signature of Sponsor: _____

Date: _____

Signature of Sponsor: _____

Date: _____

Please return this form to:

Attorney Admissions
United States District Court
1845 Assembly Street
Columbia, SC 29201